

Registration Form
Terms and Conditions

The Lay Institute of Divine Mercy, Inc.
Pilgrimage to Our Holy Mother Shrines
Lourdes, Lisbon, Fátima, Rome
March 11 – March 23, 2024

Price: \$4,500.00

The space is limited. It only depends on you whether you will be a participant in this pilgrimage. What do you need to do?

1. Mail to us your Registration Form with Deposit
2. Deposit of \$650.00 per person is required at time of booking to secure reservation.
3. First Installment - \$1,625.00 before November 15, 2023
4. Balance is due no later than January 11, 2024

All-inclusive Tour Prices:

Scheduled transatlantic flight: LAX - Toulouse; Lisbon - Rome; Rome - LAX

All Motor coach Transportation - Accommodations in religious institution or Hotel (Double Room)

Breakfast and Dinner - Sightseeing - Taxes Religious Activities and Daily Holy Mass - Medical Travel Insurance

Not Included: Lunches, Drinks, Baggage responsibility, Optional Tours, Single supplement \$730.00

additional if applicable. Tips for Drivers and Tour Guide, Hotels and Restaurants Staff etc. (\$12.00 per day per person)

All refund claims must be received in writing by The Lay Institute of Divine Mercy headquarters office in Los Angeles, California. Once the Tour begun, there will be no-refunds made for any unused or partially used Tour feature or services, including hotel accommodations and car rentals. In all cases, cancellation fees will apply and be non-refundable for any reason, including illness or other emergencies. The Tour operator and The Lay Institute of Divine Mercy reserve the right to cancel the tour.

Fees	Days Prior to departure
\$650.00	Registration Fee not refundable
\$1625.00	200 -100 Days prior to Departure
\$2,500.00	99 - 60 Days prior to Departure
100% of total tour	60 - 0 Days prior to Departure

Please complete the registration form with full name as it appears on passport and mail it to us with copy of your Passport and payment. Receipt of your deposit shall act as your agreement to the terms and conditions herein. Your cancelled check constitutes your receipt.

Name (as it appears in Passport):

Last Name: _____

Middle Name _____ First Name _____

Day Telephone _____ Evening Telephone _____

Date of Birth (Month, Day, Year) _____ Male _____ Female _____

I am a U. S. Citizen with valid U.S. Passport: Yes _____ No _____ if no, what Country _____

Passport No. _____ Date of issue _____ Exp. Date _____

Address:

Number and Street _____

City _____ State and Zip Code: _____

Parish: _____ E-mail: _____

Rooming with: _____

My signature indicates that I have read the General Terms and Conditions of participation and will abide by its contents and that I am physically and emotionally capable of group travel.

Date: _____ Signature: _____

Please remember to mail your application with your payment to:

**The Lay Institute of Divine Mercy, Inc.
419 N. Larchmont Boulevard # 41,
Los Angeles, CA 90004**